

“Calling Bullshit on the Whole Thing”

Women, Health, Agency and Maternity in the Popular Film, *What to Expect When You’re Expecting*

Popular culture is a significant site of discourse on maternity, in the maintenance of hegemonic ideologies and practices relating to maternity, and in the silencing of alternatives to commonly accepted norms of maternity. This essay examines the social and political issues of pregnancy and birth as presented in What to Expect When You’re Expecting (Jones) and engages in a critical feminist analysis of the film in terms of maternity and the Women’s Health Movement (WHM). Gender-based oppression, authoritative medicine, and individualized and essentialized reproduction are discussed as they appear in the film and in women’s health discourse. This essay argues that the film supports dominant ideologies of maternity and even manipulates the terms of feminist health care to create the appearance of support for more alternative or even oppositional representations; thus, allowing the film to limit the progress of the WHM while simultaneously appearing to support it. As the WHM aims to reclaim women’s subjectivity, their agency, and their epistemic power, cultural studies can be employed to foster oppositional decodings of the film, encouraging viewers to question the content of the film and its support of hegemonic values.

Texts espousing ideologies of pregnancy and childbirth are widely available in contemporary Western popular culture, spanning all mediums, including self-help books (offering varying degrees of advice from medical recommendations to anecdotal narratives). Between all of the instructions, warnings, suggestions, and ideologies about ‘morality’, ‘normality’, ‘risk’, ‘safety’, and ‘acceptability’, members of society in general, and women in particular, are deeply entrenched in social and cultural discourses of this phase of reproduction.

The self-proclaimed “#1 bestselling pregnancy book” *What to Expect When You’re Expecting* (Murkoff & Mazel), is “the pregnancy guide that reassuringly

answers the questions of mothers and fathers-to-be” (front cover). “America’s Pregnancy Bible” (Murkoff & Mazel back cover) was loosely adapted to a popular feature film of the same name, directed by Jones, in 2012. *What to Expect When You’re Expecting* (Jones) follows five women and their partners through their stories from conception to birth. The film inevitably creates an array of representations of pregnancy and birth, and in doing so, speaks to political, social, and cultural discourses on reproduction and maternity. These representations are significant in their ability to convey meanings to viewers in terms of norms and culturally acceptable behaviours, and not only that, but the film’s connection to a widely popular self-help reference book of the same name may also impact viewers’ consumption and interpretations of the text.

This essay analyzes the film *What to Expect When You’re Expecting* (Jones) from a cultural studies standpoint, utilizing a feminist perspective to consider issues surrounding pregnancy, birth, and this early stage motherhood as they connect to issues of women’s agency and health in reproduction. The essay begins with discussion of the texts, background on medicalization, the women’s health movement, and culture, and analysis of the specific representations found in the film. In light of that discussion and analysis, the essay argues that through representations of reproduction, *What to Expect* (Jones) attempts to appear to advance a feminist health agenda, while actually limiting its progress, which is potentially furthered still by the film’s connection to its reference book predecessor. Finally, the essay employs cultural studies to then consider how alternative viewings of the film may actually support possibilities for change in maternity discourse going forward as well as in individual women’s choices.

The Texts

What to Expect, The Book

The first edition of the book dates back to 1984 with new editions and reprints in 1988, 1991, 1996, 2002, and the most recent fourth edition in 2008. *What to Expect When You’re Expecting*, is now just one book in the *What to Expect* Series, which includes *What to Expect: The First Year* (2008)—addressing life as a mother and parent to an infant from birth to twelve months, *What to Expect: The Second Year* (2011), *What to Expect Before You’re Expecting* (2009), *What to Expect: Eating Well When You’re Expecting* (2005), and even the *What to Expect Pregnancy Journal and Organizer* (2007), among others. *What to Expect When You’re Expecting* has 18 million copies in print and has been published in over thirty languages (“About Heidi”). The entire *What to Expect* series is credited with over thirty-four million copies sold in the United States alone (ibid). In 2005 *What to Expect* expanded to create their online presence which includes

pregnancy and parenting information and news and a worldwide community of over 13 million moms (ibid). Murkoff also created the What To Expect Foundation, a non-profit committed to helping underserved families to have health pregnancies, births, and babies in the United States, which has also been extended to Liberia and Bangladesh (ibid). In 2011, Heidi Murkoff was listed on *Time Magazine's* list of the top 100 most influential people (“Heidi Murkoff”).

The long-time *What to Expect* author, Heidi Murkoff, states she came up with the idea for the first book “during her first pregnancy, when she couldn’t find answers to her questions or reassurance for her worries in the books she turned to for much-needed advice” and that she felt determined to write something that would help parents “sleep better at night” (“About Heidi”). Murkoff and Mazel’s book describes itself as “reassuringly” (front cover) answering questions and as providing “comforting answers to hundreds of questions” (back cover). In his foreword to the book, physician Charles Lockwood describes it as, “like having a personal obstetrician to guide [the reader]” (Murkoff & Mazel xx). The book then, seems to assume that parents will have many questions arise during a pregnancy (and based on the other books in the series, both before and after a pregnancy as well), and that this book meets that need in lieu of other sources such as maternity care providers, academic and health research, family, and friends.

What to Expect, The Film

The film was released in theatres in North America in May 2012, on DVD in September (What to Expect When You’re Expecting: Official Movie Site), and is also currently available on the online streaming service Netflix. Although the film is no longer in theatres, it is still widely available to purchase on DVD and view online with a membership. One of the book’s authors, Heidi Murkoff, served as Executive Producer of the *What to Expect* film. The film is described in its trailer as “inspired by the best-selling book” (“Videos: Trailer”). The website connected to the book describes the film as “a comedy that features five intertwining couples whose lives are turned upside-down by the challenges of impending parenthood” (“About Heidi”). The book can even be seen very briefly being read by one of the characters during a scene in the film. The film’s trailer states, “we’re due for a brutally honest, confusing, embarrassing, revealing look at what to expect when you’re expecting” (“Videos: Trailer”). The book is organized by topics and months of pregnancy. Within these sections the authors incorporate questions submitted by individuals to frame and direct the discussion. The use of interconnected narratives in the film creates a similar tone of following the very individual questions and experiences that arise to recognize and plot each person and couple’s unique reproductive experience. The film

also ties in brief pregnancy and birth advice sound bites into the dialogue that is reminiscent of information discussed in the book (such as representing the benefits of breastfeeding in dialogue, and discussing some possible efforts to increase the likelihood of conceiving). Although there are obvious similarities in structure and tone, as well as similar information between the film and book, a shared name, and the presence of the book's author on the film's production, the film is simply inspired by the book. The film does not represent itself as a reference material (although arguably does include some), and the book does not represent itself as a comedic fictional narrative (although it does contain some narrative elements and is written with humour).

Based on the notion that individuals will be likely to watch a film if it engages with topics and ideas that are relevant to them, and with characters that they can relate to, the film is likely aimed at middle class, middle-aged adults and young adults who are engaged with pregnancy, birth, and reproduction in their lives. The film could be described as a romantic-comedy, typically targeting women and couples as their primary audience.

Medicalized Women, The Women's Health Movement, and Culture

Morgan describes medicalization as involving five central tenets. The first three tenets are summarized as, "the creation and transmission of medical authoritative knowledge through mediating macro-structures and practices within which micro-institutionalization doctor-patient relations are constituted through direct or mediated personal encounters" (95). The fourth tenet is micro-institutionalization through self-management of individual members who internalize, use, support, and even demand medicalization, referred to as "medicalized subjectivity or medicalized agency" (Morgan 96). The final tenet includes medicalization as a form of social control in its claim for jurisdiction in the ordinary lifeworlds of individuals (ibid 97). Successful medicalization then incorporates action at individual, interpersonal, public, private, and structural levels that results in an image of medicine in general and doctors in particular as the benevolent source of expert authoritative medical knowledge. In medicalization, women are viewed both by others and by themselves as rightly underneath the medical gaze. Women find themselves under surveillance not only by doctors, but in public and private as well, "when medicalized norms of the "responsible pregnancy" are used judgementally to evaluate and criticize the behaviour of pregnant women" (ibid 95).

Rothman discusses the use of technology and its impact on motherhood. She explains that technology is not just a neutral tool, "as soon as one concedes that technology is for something, then it is no longer neutral" (48). The technology of reproduction then can be considered as it appears in *What to*

Expect: the examining table, the stirrups, the operating room, the epidural, the cell phone fertility calendar. Ideologically, a technological society is described as, “a way of thinking about the world in mechanical, industrial terms” (ibid 49). Rothman explains that in a technological society, there are consistent themes of “a connotation of order, productivity, rationality, and control” (ibid 52), and “when a doctor manages a woman’s labour, controlling her body with drugs and even surgery, it is to make her labor more efficient, predictable, rational” (53).

Brubaker and Dillaway discuss the feminist perspectives on the medicalization of childbirth, focusing on issues of control (whether birth is controlled by women or physicians), setting (with a medical setting significantly shifting control towards physicians), and the use of medical technology (53-55). On medical technology they state that, “According to feminist literature, medical technology usurps the birthing process once birth is moved to the hospital because there is a tendency to trust the accomplishments of this technology over the accomplishments of women and their bodies when this technology is readily available” (55). They summarize that, “the feminist critique of the medicalization of childbirth emphasizes the expansion of medical jurisdiction and control over women’s natural domain of childbirth through the use of the hospital setting and medical technology” (55).

There are women (and other individuals) who contest the knowledge and politics of medicalization and stand up for women, the female body and its medicalization. The Women’s Health Movement is a diverse and long-lived effort to stand-up for the health and bodies of women. For the purpose of this paper, the consideration of the women’s health movement is broad and inclusive. In its efforts to contest the knowledge and politics of medicalization, the women’s health movement then has two tasks: first, (re)claiming women’s subjectivity and agency; and second, (re)claiming epistemic power (Morgan 109). Towards the goal of reclaiming subjectivity and agency Morgan describes significant acts such as resisting the role of “ideal patient” (compliant, cooperative, with a strong belief in paternal medical authority) (ibid); the political act of sharing personal stories, not just of healing but also of oppression, pain, and medical exploitation and coercion (ibid); and fighting for the recognition of women as formal and informal healers, health care providers, and critical advocates (ibid 110-111). Reclaiming epistemic power involves the demystification and democratization of medical knowledge (such as through various self-help and women’s groups) (ibid 113); and the reclaiming of lost knowledge of women healers as well as women’s knowledge gained through lived experiences (ibid 113-4).

In, “A Fertile Grounding: Cultural Studies Meets Women’s Health,” Warren explains that “the complex, interlocking relationships between texts and bodies,

between popular culture and medical practice, between disease and health have proliferated and become increasingly intertwined in the last quarter century” (178). As a popular culture text, *What to Expect* isn’t necessarily just for entertainment; with Warren’s observation in mind, the film is also connected to ideas surrounding medical practice, mother’s bodies, and their health. Both feminism and cultural studies lend themselves to this examination in that they can each be described as “both an intellectual and political tradition where practitioners see themselves as implicitly and explicitly political,” giving voice to the voiceless (Warren 179). In her consideration of medicalization, Warren explains that “this model’s epistemological and material power comes from the ways it circulates both outside and inside the clinic, its ability to define not only what we consider as “scientific fact,” but also to control the reins of culture (180). Warren raises concern over the tendency for the macro and micro-institutions to spread through culture and take over, stating that these institutions “have taken the terms of feminist healthcare and happily incorporated them into the capitalist system” (181).

Representations, Agency, and (Un)Progress

The Irrational, Out of Control Woman

Throughout the film viewers witness many portrayals of pregnant women as out of control, irrational, and at the whims of their bodies. From loss of bodily control (involuntarily passing gas and urinating), to heightened sexual arousal, to violent rage, to all range of emotional outbursts attributed to what one character calls, “hoooomooooones,” women who are otherwise portrayed as competent, collected, and in control are portrayed as uncontrollable and irrational in pregnancy. In birth, we witness more of the same, during which issues the women had earlier held strong and thought-out positions on (such as circumcision and the use of medications during labour), are very suddenly abandoned with melodramatic comedic flair, such as when one character who previously felt strongly against circumcising her son yells, as she’s rolled through the hospital in a wheelchair, “I don’t care about his penis, who gives a shit!” The film suggests that having a child results in women going ‘crazy’ in one way or another.

Morgan discusses the connections that have existed between hormones, the body, and mental instability or disease when it comes to women (102). The portrayal of women as irrational and out of control as a result of their womanhood and bodily existence is a long-used tactic of reducing women’s agency and minimizing their issues and concerns. This context is no different than the reduction of women’s political activities or beliefs to simply ‘that time of the month’, or similar gender-based oppression.

Authoritative Medicine and Technology

What to Expect fits very neatly into the medicalized ideology of pregnancy and birth as discussed above. During one scene in the film, viewers join two characters exiting a doctor's office, after a routine appointment. The mother-to-be tells her doctor that she, “loves research, it soothes [her].” The doctor tells her that “[she] will love ‘the wall’.” “The wall” is covered in brochures on various topics including breastfeeding, circumcision, cord blood banking, and other pregnancy and infant-related topics. The character's love of research and ‘the wall’ may appear on one hand as evidence of increased agency in her healthcare. However simultaneously, it appears that she is not participating in a partnership with her doctor, but is placated with the limited information available in these pamphlets. Although it is possible that the research made available on the wall may act as a springboard for the mother to engage in further research and discussion with her physician, the film does not even attempt to portray or display that possibility, leaving it to a viewer make that jump. Further, the mother's “love” of research, in the context of an authoritarian doctor/patient relationship, points to a need for outside validation that is not in line with the revaluing of women's own bodily knowledge and lived experiences discussed above as a key element of the women's health movement. Warren states that, “as informed, thinking people, women should be partners in decisions about their health, part of a doctor-patient coalition, rather than passive recipients of medical expertise” (181). *What to Expect* does not incorporate this view of women's agency in health care, nor does it even address this alternative to obedience to medical authority that continues to be predominant throughout the film.

After a dramatic fall, one character is put on bed rest for the remainder of her pregnancy “to control contractions.” The character attempts to discuss the situation with her doctor, advocating for herself and her desire to get out of bed stating, “I can do this,” to which the doctor replies “no you can't ... honestly, you don't have a choice. Now, who can you call to take care of you?” Although with the limitations of the film (as in lived realities) we cannot know if the bed rest the character is put on is necessary or not, however, we do observe the complete absence of partnership or collaboration between woman and care provider. The viewer observes an authoritarian expert who simply expects obedience, and a woman who reluctantly complies with a sigh. The doctor tears down any sense of agency the woman has in harshly denying her choice and condescendingly asking who will take care of her.

In the film, all of the births occur in a hospital accompanied by the typical technological equipment (IVs, monitors). All of the women are under the care of physicians (as opposed to alternative care providers such as midwives). All obey the instructions and direction of their doctors. All deliver in the stereotypical

supine position, reclined on a bed with legs held up. In the vaginal births, the women all obey the pushing instructions of the medical staff. There is no sense or mention of women as having agency or having any knowledge to contribute to the birth scenes; all direction is taken from the medical staff. In one of the births (which up to this point seems to be proceeding without issue), a doctor walks into the room containing a mother in labour (where there appears to be no sense of urgency or emergency) and calmly states, “We need to prep for a caesarean section.” The mother replies “I wanna push, I have a birth plan.” The doctor responds, “I’m sorry, we have to” and leaves. Again, the necessity of the medical procedure is unclear; however, the exchange occurs with a complete absence of partnership, respect, discussion, or female agency; there is only authority and obedience. Much like the viewer, the character seems to be expected to take the doctor’s order at face value and obey.

Technology in pregnancy and birth is abundant throughout the film, with its use being completely unquestioned by the characters and actively embraced in some instances, demonstrating Martin’s fourth tenet of medicalization discussed above, which includes women’s internalization, use, support, and demand for medicalization. Martin states that technology “diverts our attention from the social relationships of power and domination that are involved” (57). Martin uses metaphors to describe the relationship of women and physicians. A woman’s body, according to Martin, can be viewed as a machine, and the doctor as the technician who ‘fixes’ it (54). In another analogy, a doctor is considered as the supervisor of a factory, with the female patient as labourer and the baby as the product (Martin 57). In both of these metaphors, those involved are focused on maximizing the ‘machine’s’ efficiency to achieve optimum output (getting baby out according to a predetermined timetable with set parameters). In these models and in birth, deviance from statistical norms leads to concerns over efficient versus inefficient work and then to diagnosis of dysfunction. The film provides examples of what might be considered ‘routine maintenance’ in regularly scheduled appointments, and of observing parameters in births wherein women and infants are expected to display the appropriate heart rates and dilation to establish the sufficient/insufficient progress of labour. The inclusion of these ideologies and practices in the representations of birth supports the normalization of same in the lived realities of viewers and problematically may preclude the questioning of same in lived experiences.

Men and Relationships

What to Expect perpetuates gendered stereotypes and norms through its narratives. Throughout the film viewers witness women who are actively interested in reproduction, with men being disinterested or at the very least, less interested. Reproduction is framed as solely an issue for women with women

initiating and maintaining parenthood (for example, deciding on terminating an unplanned pregnancy or not, trying to become pregnant or not, pursuing adoption or not). To become more comfortable with the idea and realities of fatherhood, one of the men in the film is sent to a “dude’s group” to spend time with other fathers caring for their children without their partners. The ‘dude’s group’ is described by the men as an opportunity to ‘blow off a little steam’. One rule of the group is “no judgement,” including in reaction to instances of fathers dropping their children and discovering (after the fact) that their children have eaten garbage. The new member is instructed “not to talk [outside their group] about what [they] talk about [in the group],” furthering gendered ideas about men needing a space to escape the controlling gaze of women in their lives (while there is no ‘women’s group’ for females). This is reconfirmed later when he does in fact share information discussed in the group with his wife (which she then shares with the partner of the confiding man), and the father-to-be is temporarily banned from the group when his indiscretion becomes known.

Men are simultaneously portrayed as caretakers of women in their ‘weakened’ (pregnant) state. At a doctor’s appointment, one doctor describes to a woman the good health she is in, then directs at her partner “and dad is gonna keep you that way, riiiiight?” as if the woman was incapable of keeping *herself* in good health. Later on in the film, when a character is put on bed rest and the father rushes to her side, he states, “I don’t want anyone else taking care of you. That’s my job.” The absence of single or homosexual women in the film contributes to this representation via the absence of any alternative to women ‘needing’ care-taking by men.

Men’s perceptions of women’s bodies is considered when one father describes his changed perception of women’s anatomy, explaining that although he had not generally used the term ‘vagina’ prior to becoming a father, “after a baby has come out of it, it’s a vagina.” The film doesn’t delve deeper into the topic, however, it arguably makes suggestions about the perceived changes in women’s sexuality after they become mothers. The tone of the discussion in the film and the light women’s bodies and sexualities are portrayed in is arguably not positive.

Individualized and Essentialized Reproduction

After agency (considered above), Warren points out that another theme in the sphere of politics and health is, “how health care ignores social structure and instead looks to the individual” (187). Despite the potential to consider larger scale structural topics in light of the five narratives being considered, the film individualizes the women’s stories and generally essentializes pregnancy and birth. The individualization in the film depoliticizes issues which otherwise could be considered in a political framework (such a mother-care provider

relations and gender roles).

Pregnant women are pitted against each other in jealousy-fueled comparisons of issues, health, and physical appearance in pregnancy. Instances of surveillance are presented as comical situations, never critically considered. One woman who appears active, very happy, and comfortable is described by another as “a magical pregnancy unicorn.” One character explains that in pregnancy she just wanted “the glow” like women in maternity magazines have. As she breaks down describing her discomfort and inability to find “the glow,” she proclaims that she is “calling bullshit on the whole thing.” Although this statement might be considered in a structural way, (decrying the norms of what pregnancy and birth ‘should’ look like) in the film it is not. There is no mention of oppression, no consideration of how “the glow” has come to be perpetuated despite the difficulty in achieving it according to the character. The opportunity to turn a critical eye on the inability to achieve the glow is disregarded and the character goes on to describe only her own individual discomfort in her body and loss of bodily and emotional control, seemingly to even embrace the irrational and out of control stereotype discussed above. The next day women flock to the character’s baby store to buy her products (not to voice their own protests to traditional ideologies of maternity).

Making and Limiting Progress

The narratives each conclude with happy endings. A couple who experienced a miscarriage earlier in the film and subsequently ended their relationship get back together under the pretense that they’ll have another chance to reproduce when the time is right; a couple who experienced a traumatic caesarean section appear to be completely unaffected by their traumatic experience: after the fact the father states that it was “the scariest night of [his] life,” to which the mother responds, “no, it was beautiful,” which he follows with, “yeah, that’s what I meant.” Even the potential for negative emotional, physical, or psychological impacts is entirely dismissed in this moment, let alone any consideration for the oppressive medical treatment they experience prior to the birth. The happy ending in the film exists at the cost of silencing all of these potential issues that real individuals might experience in similar circumstances. The film’s conclusion seems to minimize the potential for oppression or negativity of any kind because “everything turns out alright in the end.”

There are significant absences in terms of the range of lived realities presented in the film. The issue of race is all but nullified as almost all of the couples in the film appear to be visibly white (barring the mild accent of one character). Chris Rock is cast as an African American father in the film, however his

presence seems to be one of largely comedic value (as a member of the dude’s group) than to diversify the content; he is not amongst the five couples whose narrative we follow. Although his presence and embrace of fatherhood are positive representations of African-American fatherhood, the representation is disappointingly very minimal and superficial in terms content and screen time. Further, all of the couples are just that: heterosexual couples; there are no single parents, homosexual parents, or parents who are not in a romantic relationship of some kind (either a committed or married couple). Although in contemporary popular culture alternative birth practices, locations, and care providers (including intervention-free or ‘natural’ births, births out of hospital, and midwives) are becoming more popular and more integrated in the discourse on birth (even in other popular culture films depicting pregnancy and birth such as *Baby Mama* (McCullers) and *The Back-Up Plan* (Poul), all births in this film are in hospital with a physician.

There is no mention of class, or poverty presented (beyond the stereotypical worry about buying a first house and saving for college funds). Warren describes that biomedicine “is more than happy to frame the woman patient as an ideal consumer of healthcare as long as she isn’t poor, or a minority, or worst of all, uninsured” (181); her comment loudly rings true in *What to Expect*. Although the multiple narrative structure of the film may suggest an attempt to represent diversity, the end result is simply multiple representations of dominant ideologies that support maintenance of the status quo.

The film, based on a handful of connected narratives, does women and society disservice by depicting an incredibly limited view of reproduction and its associated topics under the banner of the popular self-help book that arguably at least attempts to cover a broader range of topics and address a larger portion of the population of reproductive women (with sections including some consideration of alternative providers and locations) (Murkoff & Mazel).

Horkheimer and Adorno, in “The Culture Industry as Mass Deception,” consider the interchangeability of details in mass cultural products as “ready-made clichés to be slotted in anywhere; they never do anything more than fulfill the purpose allotted them in the overall plan” (1244). *What to Expect* seems to be largely built on various clichés that do nothing to reach outside of stereotype (such as the young couple who gets pregnant; the nervous and unsure father; the woman obsessed with babies who finally conceives her own; the career-woman who gets pregnant and negotiates her changing body and professional life). As mentioned above, Warren considers the incorporation of feminist positions into the medicalized model of reproduction and culture in general. In *What to Expect* we witness limited alternatives to traditional maternity ideologies crafted into the film (such as the wall, which appears to support knowledgeable parents, but which may limit care-giver/mother

discussion and breed compliance and obedience), allowing positions to exist but also to remain largely ignored within the “overall plan.”

“Cultural studies scholar Stuart Hall considers three methods through which consumers may decode a text; the first is the dominant-hegemonic position that utilizes the dominant code to read the message that was intended (“Encoding, Decoding” 515). For example, a dominant decoding of *What to Expect* might be that birth is risky and dangerous and women should submit to the authority of expert medicine that is supporting what is ‘best’ for them. The second position is a negotiated decoding that operates with a mixture of adaptive and oppositional components, accepting hegemonic definitions on a theoretical scale but also operating with “exceptions to the rule” on practical levels (ibid 516). A negotiated decoding of the film might include acceptance of the authority of doctors but also interpretations of particular circumstances that defy that acceptance (perhaps accepting the authority of doctors, but also criticism of a physician’s unkind dismissal of a patient’s concern in a specific instance). The third possibility is an oppositional decoding in which the viewer deconstructs the message through the dominant coding and then reconstructs it according to an alternative framework (ibid 517). An oppositional decoding of the film might include recognizing the oppression of the women in the birth scenes, protest towards this single, disempowered representation of childbirth, and recognition of a need for the representations of alternatives.

In “The Need for Cultural Studies,” Giroux, Shumway, Smith, and Sosnoski argue, “that there is a need for cultural studies to engage critically” with substantial social and political issues “and to promote an understanding of both the enabling and constraining dimensions of culture” (introduction). The authors go on to describe a need to “become involved in the political reading of popular culture” (Giroux et al., Section II: Public Spheres, Popular Culture, and Cultural Studies). In the case of *What to Expect When You’re Expecting*, it seems clear that a more critical viewing is needed to consider how the film relates to the social and political issues of maternity which it dabbles in.

A significant element in the case of *What to Expect When You’re Expecting* (Jones) is the adaptation of a self-help pregnancy reference book to a popular feature film. In the film attention is even drawn to the book, as it’s briefly featured with one of the characters reading it in a scene. The shift from a reference book containing advice for medical treatments and health practices as well as commonly asked questions, to a film with the introduction of narratives carries significant implications. Firstly, the amount of material that can be included in the film compared to the book is significantly reduced; this also likely contributes to the essentializing of the reproductive experience as discussed above. Of most concern is the potential for the content of the film

to be taken as anything more than a narrative based on a fictional story due to the connection to a widely accepted reproductive reference guide. Although the film does share some “tips and tricks” in the form of comedic writing and brief ‘one-liners’, including Chris Rock’s character shouting at a labouring couple walking by to “tweak the nipples!” (an accepted natural technique to stimulate labour), as well as the convenience of baby-wearing when one father threatens an altercation with another and shouts, “don’t think I won’t punch you in the throat just because I’m wearing an infant, I have full range of motion!” The book *What to Expect* (although still arguably a cultural text created under the influence of ideology), possesses a greater claim to knowledge and some form of ‘truth’ with its approval by medical personnel and widely accepted status as a helpful tool for pregnant women. The film is simply inspired by the book, and does not carry or explicitly purport the same legitimacy as a reference or tool. Whether consumers of the film share this awareness is not obvious. As such, the film *What to Expect* may be accorded a higher status of truthfulness than intended or than is deserved compared to other popular culture texts.

Conclusions and Moving Forward

The optimism or pessimism that an individual (particularly one with feminist inklings) views the film *What to Expect When You’re Expecting* (Jones) with depends significantly on whether they take a structuralist or culturalist perspective. From a structural standpoint, the film is merely supporting the dominant ideologies on reproduction and women. From a culturalist perspective, individuals can freely choose how to interpret the messages in the film. Hall (“Cultural Studies: Two Paradigms”) explains that neither of these perspectives is sufficient in a cultural studies consideration of the issue (72). However, together these perspectives are able to address the key problem of cultural studies: the confrontation of the dialectic between culture and ideology, practice and theory, consciousness and condition (ibid). When Hall’s explanation is taken into account it becomes clear that both structure and agency are significant factors in the film, its consumption, and its impacts on individuals and society.

Martin discusses the important creation of new birth imagery, going beyond traditional ideas of women as broken machine and labourer, and medical personal as technician and supervisor. She finds a common theme in various efforts to create new birth imagery is that of wholeness, of reuniting the pieces of women in childbirth fragmented by the biomedical model of birth (Martin 159). She cautions however, that the elements of birth that are recognized by the dominant biomedical model of birth are not sufficient to create the whole: there is more, including the contradictory elements which inherently exist when individual realities are considered (ibid). In the interest of utilizing

popular culture texts such as the film *What to Expect*, women's health advocates are tasked with finding ways to support oppositional decodings of such texts. These efforts will involve bringing more pieces of the puzzle together (that is recognizing individual differences and de-essentializing maternity); only then will real women have the pieces necessary for their individual decoding.

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